



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Earnest Reed Date of Request: 2-24-04  
ID # 111914 Date of Birth: 11-23-55 Location: 10-A-114  
Nature of problem or request: \_\_\_\_\_

Need to see doctor about getting  
back on my medication

Earnest Reed

Signature

**DO NOT WRITE BELOW THIS LINE**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time: \_\_\_\_ AM PM  
Allergies: \_\_\_\_\_

RECEIVED

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Receiving Nurse Initials \_\_\_\_\_

**(S)ubjective:**

**(O)bjective**

**(A)ssessment:**

**(P)lan:**

See Note  
ON 2-27-04

Refer to Mental  
Health  
SB

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Print Name: Earnest Reen Date of Request: 2-10-04  
ID # 111914 Date of Birth: 11-23-55 Location: 10-A-114  
Nature of problem or request: Pain from Hernia

Earnest Reed  
Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time: \_\_\_\_\_ AM PM  
Allergies: \_\_\_\_\_

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Receiving Nurse Initials \_\_\_\_\_

**(A)ssessment:**

Waiver Signed

Was MD/PA on call notified: Yes ( ) No ( )

**YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT**



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Ernest Reed Date of Request: 2-2-04  
ID # 111914 Date of Birth: 11-23-55 Location: 10-A-114  
Nature of problem or request: pain from hernia and  
need to see psychologist.

Ernest Reed  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: \_\_\_/\_\_\_/\_\_\_  
Time: \_\_\_\_\_ AM PM  
Allergies: \_\_\_\_\_

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>
---

**(S)ubjective:**

**(O)bjective**

**(A)ssessment:**

*Wound*

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

*C. Cooley CRP*  
CIRCLE ONE  
Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Earnest Reed Date of Request: 1-22-04  
 ID # 111914 Date of Birth: 11-23-55 Location: 10-A-114  
 Nature of problem or request: \_\_\_\_\_

Severe pain in Stomach

Earnest Reed

Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 1/24/04  
 Time: 1100 AM ☒ PM  
 Allergies: NLA

RECEIVED

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Receiving Nurse Initials \_\_\_\_\_

(S)ubjective: "I have pain from a hernia +  
 I need to see the dentist."

(O)bjective Wm to HCU for pain from a hernia +  
 needing to see dentist to have a tooth pulled.  
 A/O 3. Skin wld to touch wt 182# T98° R 16/28  
 (A)ssessment: Pain & discomfort noted.

Alt in comfort & tooth pain & hernia pain

(P)lan: Refer to

Refer to: MD/PA Mental Health Dental Daily Treatment  
 1/26/04 CIRCLE ONE

Return to Clinic PRN

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No (✓)

Was MD/PA on call notified: Yes ( ) No (✓)

B. Bracwell Jr.

SIGNATURE AND TITLE

JAN 23 2004

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Facility Name: Easterling Correctional Facility											Month/Year of Charting: 10/05																				
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ranitidine HCl 150MG Tab 60.00																															
Take 1 tablet(s) by mouth twice daily											See new order																				
Start Date: 07-09-2005											Prescriber: Darbouze, Jean																				
Stop Date: 10-06-2005											RX #: 250163093																				
Zantac 150mg B10											up 4p																				
X90day											#59 9-26-05 HAN Key																				
Start Date: 9-23-05											Prescriber: Darbouze																				
Stop Date: 12-23-05											RX #:																				
Bengay bid prn											4a 4p																				
X14day											2/9/05 9/2R																				
Start Date: 10/17/05											Prescriber: Darbouze/MP																				
Stop Date: 10/28/05											RX #:																				
Percogesic ii po bid											4a 4p																				
PRN X 30day											2/9/05 9/2R																				
Start Date: 10/17/05											Prescriber: Darbouze/MP																				
Stop Date: 11/17/05											RX #:																				
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Facility Name:							
Zantac 150mg ± Bid x 90							
Start Date: 7/9/05 Prescriber: Dr. Dancy							
Stop Date: 10/9/05 RX #:							
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31							
See New Order							
Start Date: 9/19 Stop Date: 3/19/06 Prescriber: Danbouze RX #:							
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31							
A Zantac to 150mg po Bid x 90d.							
Start Date: 9/23 Stop Date: 12/23 Prescriber: Danbouze RX #:							
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31							
Start Date: Stop Date: Prescriber: RX #:							
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31							
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Start Date: Stop Date: Prescriber: RX #:							
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31							
Diagnosis							
Nurse's Signature Initial Nurse's Signature Initial Documentation Codes							
Allergies							
Housing Unit: Patient ID Number: Patient Name: Date of Birth:							

## Reed, Ernest



## MEDICATION ADMINISTRATION RECORD

DT01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Zantac 150mg po Bid	4A																													
X 90 days	4P																													
7-7-05 → 10-7-05																														
Pericarditis po tid prn	4A																													
X 14 days	4P																													
7-7-05 → 10-7-05 7-24-05	4P																													

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																															
CHARTING FOR 7-7-05 THROUGH 7-31-05																															
Physician Darboun																Telephone No.															
Physician																Alt. Telephone															
Allergies NKA																Rehabilitative Potential															
Diagnosis																															
Medicaid Number																Medicare Number															
By: [Signature]																Title: RN															
Patient Reed Earnest																Date: 7-7-05															
#111914																PATIENT CODE															
																ROOM NO.															
																BED															
																FACILITY C															



## MEDICATION ADMINISTRATION RECORD

07/01/2005

(EAS-474) EASTERLING CORR. FACILITY

TDT01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
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RANITIDINE (ZANTAC) 150MG TAB

TAKE 1 TABLET(S) BY MOUTH TWICE DAILY

RX: 7287146 DARBOUZE M.D. (MED D, JEAN ALFRE

START - 04/22/2005 STOP - 07/20/2005

*Tylenol 500mg TID PRN  
bid x 5 days  
6/28/05 - 7/2/05 Darbouze*

4a *PRN*4p *PRN**See new order*

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 07/01/2005

THROUGH

07/31/2005

Physician DARBOUZE M.D. (MED D, JEAN ALFRE

Telephone No.

Medical Record No.

Att. Physician

Alt. Telephone

Allergies NO KNOWN DRUG ALLERGY

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By:

Title:

PATIENT

PATIENT CODE

ROOM NO.

Date:

BED

FACILITY C

REED, ERNEST

111914

1

EAS